Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Mary France	V	104/7				
Date Received: 2/22/13 Ap	plicant Number:	10 161				
Recompaended Applicant Pool Status:	ool Status:					
Included Removed	☑Included	Removed				
REQUIREMENTS:						
1. Was the application received before the submission deadline?						
If NO, list time/date application was received:						
	Tyes [INo					
2. Is the application complete? If NO, list the item(s) that need to be completed:						
3. Indicate how the applicant responded to the following questions:						
	□Yes ☑No					
A. Student enrolled in a college/university in the City of Austin? Light Yes Light No. fy YES, consider I and it only; If NO, consider I, ii, iii, and iv:						
i. Reside in the City of Austin?		□ Yes □ No				
ii. Registered to vote in the City of Au	stin?	☐Yes ☐No				
iii. Continuously registered to vote in	ØYes □No					
iv. Voted in 3 of the last 5 City of Aust	in general elections?	∐Yes □No				
❖ Follow-up needed related to REQUIREMENTS?	,	□Yes □No				
If YES, identify issue(s) addressed and disposition:						

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Application nearest and Asset

<u>CO</u>	NFLICTS OF INTEREST:			\mathcal{A}
4.	Did the applicant respond "Yes" to any c	onflict of interest qu	estions?	□Yes ☑No
	If YES, indicate which question(s):			
*	Follow-up needed related to CONFLICTS If YES, identify issue(s) addressed and			□Yes □No
	·			
	<u>DNSISTENCY:</u>			Øyes □No
5.	Are applicant answers consistent?			
	If NO, indicate which answer(s):			
				□yes Ano
÷	Follow-up needed related to CONSISTER If YES, identify issue(s) addressed an			
	if YES, identify issue(s) addressed dir	a aispositions		
Γ		BL	nadau Date:	126/13
1	Application Reviewed By:	1/	Review Date:	3/01/2013
	Quality Control Review By:			3
	Follow-up Contact(s) Reviewed By:		_ Date:	